



**AUSTRALIAN
GLOBAL HEALTH
ALLIANCE**

Australian Global Health Alliance

Submission to inform the Roles and Functions of an Australian Centre for Disease Control

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The Australian Global Health Alliance

The Australian Global Health Alliance (“the Alliance”) is delighted to have the opportunity to make this submission to help inform Australia’s Paper for the roles and functions of an Australian Centre for Disease Control.

The Alliance is the member-based peak body for Australian global health organisations, with a mandate to strengthen the global health ecosystem through national and global connections, partnerships, research, and innovation, promoting best practices in global health, and advocacy.

Our membership is diverse, ranging from universities and research institutes to international and national non-government organisations or peak bodies, to government entities and public private partnerships. The Alliance also hosts the secretariats of the Australian Network of 53 WHO Collaborating Centres and Pacific Friends of Global Health.

Founded in 2016 by a number of Australian global health organisations and leaders, the Alliance is currently the only OECD country global health alliance with a commitment to First Nations global health equity as part of its foundational mandate. The current strategic focus of the Alliance includes Planetary Health (with a specific focus on Climate Change and Health Security and Sustainable Development), Gender Equality, First Nations Global Health, and Health Equity. **We focus this submission on Question 20 of the Consultation Paper. Please also refer to the attached Alliance Submission to DFAT’s new international development policy and the Australian Network of World Health Organization Collaborating Centres’ capacity mapping report for further information.**

Response to question 20

What role should the CDC undertake in international engagement and support internationally, regionally or domestically? International engagement, coordination and intelligence sharing are central to the role of all international CDCs. What additional objectives should the CDC include? (for example, leadership, technical engagement and capacity building)? How can the CDC be utilised to strengthen pandemic preparedness internationally?

1. The role that a new CDC should undertake in international and regional engagement is the model of allyship and respect, rooted in a commitment to shift power in global health towards health equity.

At a time when global health is undergoing its own scrutiny of processes, partnerships and power shifts, a new Australian CDC should be aligned with the Department of Foreign Affairs and Trade’s position in terms of healthy equal partnership. This is a true opportunity for a new entity to hold. Any engagement at this time in global health abroad or indeed domestically on issues should be rooted in principles of equity, equality and trust, and by taking a human-rights based approach to health¹.

A new OECD country CDC in the global health arena will be heavily scrutinised to ensure it does not contribute to more inequity, by perpetuating imbalances of power in governance, resources and staffing vis a vis international partnerships and countries with fewer resources and less wealth. Medical journals, global health institutes here and abroad, and the UN are undergoing their own processes to embed these principles, and the Alliance and its networks are part of this dialogue. We are leading in certain areas of building a unique Australian global health identity in

¹ This is in line with Australia’s obligations to progressively realise the right to health under article 12 of the International Covenant of Economic, Social and Cultural Rights, and our obligations under six other core international human rights treaties, as well as the UN Declaration on the Rights of Indigenous People and further global governance frameworks.

this regard. The opportunity to learn from First Nations global health leads is an opportunity both locally and globally.

The new CDC should therefore follow best global health practices and current expectations in building new partnerships and continue to seek to be allies rather than leads in any regional or global engagement it undertakes. (Please see [Alliance's submission to the new international development policy](#)).

- 2. The new CDC should utilise the national global health strengths of the Australian global health community** by drawing on and not duplicating the many global health experts who sit in universities, WHO Collaborating Centres, government entities, INGOs and international Public Private Partnerships and partners with a national presence. Global health challenges are complex and multifaceted. No one body, discipline or organisational approach is enough. Respecting the need for and resourcing strong ecosystems of global health to thrive and contribute to global and therefore local health challenges is necessary.

Unfortunately, current research funding to global health is very small and largely confined to a narrow definition of health security and antimicrobial resistance, and limited disciplinary perspectives. Improved global health research funding mechanisms/alliances are essential. Unlike the US and UK, Australia lacks our own strong global health champion philanthropists or investors whose philanthropy has and continues to shape global health worldwide. In order for Australia to continue to be a leader in global health, we need to improve and expand existing funding mechanisms for global health (research – basic, clinical, socio-behavioural and operational and implementation), and design innovative financing models for new alliances for global health, based on an understanding that acting on global health challenges is a shared responsibility of all sectors and accountable to all the people of the world.

Recommendations:

Protect the excellence of and strengthen the Australian resourcing for global health research and implementation by:

- Working across government departments to leverage and stimulate more research funding through mechanisms such as the Medical Research Future Fund (MRFF), NHMRC grants, and Australian Research Council grants, with a commitment to thoroughly review existing funding structures to meet emerging global health challenges more rapidly and strengthen mutual beneficial and equal partnerships with research organisations in our region.
- Identify a business model to fund centres and human resources of global health excellence with national core funding, whether they be WHO Collaborating Centres or Centres or research centres in global health in a government, university, or independent body.

- 3. Additional objectives in international partnership should be to intentionally assist to grow existing alliances and networks in global health to assist CDC to inform or to convene** on topics of concern technically, to leverage upon the long-standing regional and global strong and trusted relationships these alliances and networks have developed and maintain and also play a role in educating the next generation of global health leads in the region. This would be in alignment with DFAT role in global health. By linking with global health expertise to all development initiatives it will additionally ensure that they have clearly identified primary outcomes, and are evidence-based and formally evaluated for effectiveness, efficiency, equity and sustainability.